



Global AIDS Program

Country Profile — *Angola 2004*

Under the direction of the U.S. Global AIDS Coordinator's Office, the HHS/CDC Global AIDS Program (GAP) is a proud partner in the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief. GAP helps resource-constrained countries prevent HIV infection; improve treatment, care and support for people living with HIV; and build capacity and infrastructure to address the global HIV/AIDS pandemic.



HIV/AIDS Situation in Angola

HIV Infected: 240,000¹

AIDS Deaths: 21,000¹

AIDS Orphans: 110,00¹

The first AIDS case in Angola was diagnosed in 1985. By the end of 2002, 9,238 HIV/AIDS cases were reported. The Programa Nacional de Luta Contra o SIDA estimates that the nationwide adult HIV prevalence rate is 8.6 percent, based on a seroprevalence study done on pregnant women in a large hospital in Luanda. By 2009, an estimated 430,000 will have died of AIDS, leaving 315,000 orphans. However, the reporting system in Angola needs an in-depth review, as there may be discrepancies due to armed conflicts, difficulties in communications, and the general weaknesses of the government structures.

About GAP Angola

Year Established: 2001

FY04 Core Funds: \$1.98 million US

FY04 Emergency Plan Funds: \$1 million US*

In-Country Staffing: 2 CDC Direct Hires; 4 Locally Employed Staff; 1 Contractor

Angola's 30-year civil war ended two years ago. Bilateral cooperation between the government of Angola and the United States is relatively recent. The national health infrastructure deteriorated during the long civil war and improvements have been slow. In December 2004, the Ministry of Health (MOH) published the results of the country's first round of HIV sentinel surveillance with technical and financial support from GAP Angola. The study found lower rates of HIV than those reported previously by the World Health Organization and the United Nations Joint Programme on HIV/AIDS (UNAIDS). GAP Angola focuses its efforts on surveillance, strengthening laboratory systems and training.

Challenges to Program Implementation

Health workers and the general public in the provinces have poor knowledge of HIV/AIDS control activities. In addition, Angola's border provinces, which have a higher HIV/AIDS prevalence rate than those in the center of the country, are difficult to access, and a referral system from the provinces to the major cities is almost non-existent. There is little incentive for educated workers living in the capital to move to the provinces where there are few skilled individuals.

Critical Interventions for HIV/AIDS Prevention

- ◆ Increased voluntary HIV counseling and testing (VCT) capacity.
- ◆ Ensured that test kits were provided for all organizations doing VCT in the country.
- ◆ Equipped the National AIDS Control Program with hardware required to manage the national VCT database.

Website:
www.cdc.gov/gap



FY2004 GAP Angola Achievements

Number of individuals who received counseling and testing at CDC/GAP-supported sites	21,925
Number of country nationals trained in the provision of laboratory activities	40
Number of HIV tests performed at CDC/GAP-supported laboratories	13,000
Number of individuals trained in surveillance methods and operations	50
Number of individuals trained by CDC/GAP for a technical program area	199
Number of organizations/agencies receiving CDC/GAP support for monitoring and evaluation activities	_____
<i>Data above are from GAP Angola's 2004 Annual Report.</i>	

Critical Interventions for HIV/AIDS Treatment

◆ Provided the first training for HIV/AIDS management and antiretroviral therapy to 25 participants from the MOH and private organizations.

Critical Intervention for HIV/AIDS Surveillance and Infrastructure Development

◆ To treat and respond to the HIV/AIDS epidemic, a greater knowledge of the population situation has been needed. In order to better understand the situation, data has been collected from 26 sentinel surveillance sites in all 18 provinces and the CDC has visited 15 of the 18 provinces.

◆ To increase the MOH's ability to test for HIV/AIDS, the U.S. Government funded the Rapid Test Evaluation Study which improved the MOH's ability to test for HIV/AIDS through

the implementation of a new algorithm.

- ◆ To implement sentinel surveillance, GAP provided training in HIV surveillance for the National AIDS Control Program to 50 national and provincial supervisors from each of the 26 sentinel surveillance study sites.